

ARIZONA'S EXPANDED NEWBORN SCREENING PANEL OF DISORDERS

(the table following the disorder list shows the expansion schedule)

Amino Acid Metabolism Disorders

Phenylketonuria (PKU) *
Maple syrup urine disease *
Homocystinuria *
Citrullinemia
Tyrosinemia type I
Argininosuccinic acidemia

Fatty Acid Oxidation Disorders

Medium chain acyl-CoA dehydrogenase deficiency (MCADD)
Very long-chain acyl-CoA dehydrogenase deficiency
Long-chain L-3-OH acyl-CoA dehydrogenase deficiency
Trifunctional protein deficiency
Carnitine uptake defect

Organic Acid Disorders

Isovaleric acidemia
Glutaric acidemia type I
3-OH 3-CH₃ glutaric aciduria
Multiple carboxylase deficiency
Methylmalonic acidemia
Methylmalonic acidemia (mutase deficiency)
3-Methylcrotonyl-CoA carboxylase deficiency
Propionic acidemia
Beta-ketothiolase deficiency

Hemoglobin Disorders

Hb S/Beta-thalassemia *
Hb S/C disease *
Sickle cell anemia *

Other Disorders

Congenital hypothyroidism *
Congenital adrenal hyperplasia *
Biotinidase deficiency *
Galactosemia *
Hearing Loss
Cystic Fibrosis

* disorders on the newborn screen panel before April 2006.

NEWBORN SCREENING EXPANSION SCHEDULE

The Newborn Screen Expansion

In April 2006

- Results will be reported for three newly screened disorders: Citrullinemia, Tyrosinemia, and Argininosuccinic acidemia
- Pilot testing for Fatty Acid Oxidation and Organic Acid disorders will begin
- The Arizona Department of Health Services will provide follow-up services to encourage families of infants who have not passed the newborn hearing screen, to access appropriate screening, evaluation or intervention
- The newborn screening fee will increase from \$20 per screen to \$30 for the first screen, and \$40 for the second screen

By September 2006

- Results will be reported for 27 disorders
- Pilot testing for cystic fibrosis will begin

By July 2007

- Results will be reported for 28 disorders, including Cystic Fibrosis

A genetic specialist will notify the physician and hospital when a disorder is suspected from pilot test results and newly screened disorders. The specialist will offer help to providers with initial patient management and referral, if necessary.